SCHEDULE B (FEC Form 3)

PAGE 106 OF 117 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the 17 18 19a Detailed Summary Page **x** 20a 20b 20c 21

ITEMIZED DISBURSEMENTS 19b Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) ANTHONY GONZALEZ FOR CONGRESS Full Name (Last, First, Middle Initial) Date of Disbursement A. OBERNDORF, SUSAN, , , 2021 Mailing Address 615 FRONT STREET City State Zip Code **FEC Identification Number** CA SAN FRANCISCO 94111 Purpose of Disbursement REFUND: REFUND OF GENERAL ELECTION CONTRIBUTION 010 Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2022 2900.00 Office Sought: House Senate Primary ✗ General Transaction ID: B25CCF1ABA040481E97A Other (specify) President Memo Item District: State: Full Name (Last, First, Middle Initial) OBERNDORF, WILLIAM, E., MR., Date of Disbursement Mailing Address 615 FRONT STREET 2021 City State Zip Code **FEC Identification Number** SAN FRANCISCO CA 94111-1913 Purpose of Disbursement REFUND: REFUND: REFUND OF GENERAL ELECTION CONTRIBUTION 010 Candidate Name Amount of Each Disbursement this Period Category/ Type 2900.00 Office Sought: House Disbursement For: 2022 Senate Primary ✗ General Transaction ID: BEDD301C059A14B5FADD Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. ONEIDA INDIAN NATION Mailing Address 2037 DREAM CATCHER PLZ 2021 City Zip Code State **FEC Identification Number ONEIDA** NY 13421-2729 Purpose of Disbursement REFUND: REFUND OF GENERAL ELECTION CONTRIBUTION 010 Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2022 2800.00 Office Sought: House 🗶 | General Senate Primary Transaction ID: B6F0CFBCC1F0B49CF86A President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 8600.00 TOTAL This Period (last page this line number only).....